

STATE OF MAINE

BARBERING AND COSMETOLOGY

Application for Trainee Registration



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

Office of Licensing and Registration
Board of Barbering and Cosmetology
35 State House Station
Augusta, ME 04333

Telephone: (207) 624-8620
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Email antonio.sirabella@maine.gov



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF BARBERING & COSMETOLOGY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

FOR OFFICE USE ONLY

LICENSE #: _____

CN: _____

4702 1446 \$20.00
47021435 \$10.00
47022619 \$15.00

ANNE L. HEAD
DIRECTOR

APPLICATION FOR TRAINEE

Proof of completion of 10th grade education or equivalent and **proof of being at least 16 years of age** (birth certificate or driver's license is acceptable) must accompany this application.

FEE: Make checks payable to **TREASURER, STATE OF MAINE**. If you choose to pay by credit card, please complete and submit an authorization form.

	Application fee	Original license fee	
<input type="checkbox"/> COSMETOLOGIST	(\$20.00)	\$10.00	<input type="checkbox"/> RENEWAL - 1436 \$10.00
<input type="checkbox"/> BARBER	(\$20.00)	\$10.00	Current Registration Number:
<input type="checkbox"/> AESTHETICIAN	(\$20.00)	\$10.00	_____
<input type="checkbox"/> MANICURIST	(\$20.00)	\$10.00	

Criminal History Record Check Fee \$15.00

TOTAL FEE DUE **\$45.00**

Trainee Name:		
Any other name used:		
Contact Address :		
City:	State:	Zip Code:
County:	Social Security #:	Date of Birth:

Have you been convicted of a crime (other than a minor traffic violation): ☐ **Yes** ☐ **No**
If the answer is YES, please submit a written statement in your own words of the incident(s) and all court documents.

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine State Board of Barbering & Cosmetology any and all criminal history record information pertaining to said applicant.

Pursuant to Title 32 §14226(4), you must apply for your first license within **90 days** of notification of passing the examination. Failure to do so may require you to retake the full examination.

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.

I, the undersigned, in making this application, swear or affirm that I am the applicant named herein and that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the board. I further authorize all law enforcement agencies and officials thereof to release to the Maine State Board of Barbering and Cosmetology any and all criminal history record information pertaining to said applicant.

Trainee Signature _____ Date _____

ESTABLISHMENT INFORMATION - *To be completed by qualifying supervisor*

Trainee Name:
Name and License number of Establishment being trained in:
Name of Establishment owner(s):
Address of Establishment being trained in:
Signature of Qualifying Supervisor:



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TRAINEE SUPERVISOR APPROVAL FORM

Trainee Name:		
Establishment Name:		
Establishment Address:		
City:	State:	Zip Code:
County:	Telephone #:	
Name of Qualifying Supervisor:		
Licensee Number and Expiration Date of Qualifying Supervisor:		
Trainee Signature:		

The following is required in accordance with Chapter 4 of the Board's rules. To insure compliance, the Qualifying Supervisor, Alternate Supervisor and Trainee should review and become familiar with the Board's laws and related rules. The following must be completed by the supervisor.

- ⇒ THE SUPERVISOR SHALL MAINTAIN ACCURATE, UP-TO-DATE RECORDS OF ALL WORK DONE BY THE TRAINEE. HOURS SHALL BE REPORTED TO THIS OFFICE ON A FORM PRESCRIBED BY THIS OFFICE NO LATER THAN THE 10TH OF EACH MONTH. FAILURE TO REPORT HOURS ON A TIMELY BASIS MAY RESULT IN THE TRAINEE'S HOURS NOT BEING ACCEPTED.
- ⇒ IF YOU OWNED A SHOP LESS THAN THREE YEARS, YOU MUST SUBMIT NOTARIZED EVIDENCE THAT YOU HAVE ACQUIRED AT LEAST THREE YEARS OF WORK EXPERIENCE WITH THIS FORM.
- ⇒ ANY CHANGES IN NAME, ADDRESS OR EMPLOYMENT MUST BE REPORTED IMMEDIATELY.

I, _____, acknowledge that I will be responsible for the training of the applicant mentioned herein, and that the applicant will work under my direct supervision and will not at any time practice unsupervised. I have received a copy of the laws and rules and will comply with the requirements set forth as well as submit necessary reports as may be required by rule.

Signature of Qualifying Supervisor: _____ **Date** _____

For Office Use Only

APPROVED: _____ NOT APPROVED: _____ DATE: _____



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ALTERNATE TRAINEE SUPERVISOR APPROVAL FORM

I am requesting to be considered as an alternate supervisor for the following trainee in the event that the supervisor listed on the supervisor approval form is unable to be in attendance due to an emergency, accident or illness.

Trainee Name:		
Establishment Name:		
Establishment Address:		
City:	State:	Zip Code:
County:	Telephone #:	
Name of Alternative Supervisor:		
Signature of Alternative Supervisor:		
Licensee Number of Alternative Supervisor:		
Name of Initial Supervisor:		
Signature of Initial Supervisor:		
Date:		
Signature of Trainee:		



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #:
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa

☐ MasterCard

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____